## South Carolina Department of Insurance, Office of Licensing and Education Services P.O. Box 100105, Columbia, SC 29202-3105 APPLICATION FOR CONTINUING EDUCATION INSTRUCTOR APPROVAL

SECTION I.				
Full Name of Instructor:				
Social Security Number:	(required)	Date of Birth		
Residence Address:				
	CITY	-	CTATE	ZID CODE
Telephone Number:			STATE	ZIP CODE
Name of Approved Sponsor:		<del></del>	Sponsor #:	
Sponsor Address:				
	CITY	STATE	ZIP CODE	<u> </u>
Sponsor's Authorized Representati				
Telephone Number: Approval Requested To Instruct Courses In: LAH Property & Casualty Bailbonding				
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SECTION II If all required material is not submitted and/or if the application is not properly completed,				
it will be returned to the sponsor and the filing fee will be forfeited.				
Attached to this application for Inst	ructor Approval must be th	e following:		
1. A nonrefundable filing fee of \$25.00				
2. Documentation of one or more of the following: (A resume will not be accepted)  College Dogress in insurence from an accordited institution (attach evidence of college degree)				
College Degree in insurance from an accredited institution (attach evidence of college degree).  College Degree and three or more years of insurance experience in subject matter. (attach documents).				
A professional insurance designation of CPCU or CIC for Property and Casualty; CLU, ChFC, CFP, FLML, LUTCF,				
RHU or REBC for LAH approval. (attach copy of certificate)				
Three or more years work experience in subject matter and one of the following: CEBS, CLTC, CSA, INS or AAI.				
(attach letter(s) on company letterhead, signed by employer, listing position, title, description of job duties and a copy of				
designation or certificate)				
Five or more years of practical experience in the subject matter).  Insurance Department regulator (letter on Department letterhead)				
Have you ever been the subject of any disciplinary action, including suspension, cancellation, or revocation by any Insurance				
Department, Governmental entity, of	or other licensing authority.	Yes No	nation, or revocation,	Jy any mourance
If yes, attach a statement providing	complete details.			
Have you ever been convicted, pled guilty or no contest in any criminal proceeding? Yes No				
If yes, attach a statement providing complete details.				
Have you ever been charged by any entity with misappropriation, conversion or withholding of money? Yes No				
If yes, attach a statement providing complete details.				
NOTE: Failure to comply with the requirements of Regulation 69-50 may result in a fine of not less than \$1,000,				
suspension of approval or termination of approval status.				
STATEMENT OF APPLICANT				
I	. do solemnly swea	r that the information	and answers contained	l in
APPLICANT'S SIGNAT	, do solemnly swear	SWORN	N TO AND BEFORE N	ИE
this application are true and comple	ete to the best of my knowle	dgeD	AY OF, 20	)
			NOTARY PUB	LIC
SECTION III.				
I understand that the filing fee will be forfeited if the application is not properly completed or if any required material is not submitted.				
Signature of Authorized Representative	Approved Sponsor:		Date	
SECTION IV.				
A	FOR INTERNA			
Approved Not Approved - Explanation		structor Number:		<del></del>